

ATLANTA MARRIOTT MARQUIS HOTEL

RESERVATION FORM

CDC/ATSDR CONFERENCE ADVANCING THE HEALTH OF WOMEN: PREVENTION, PRACTICE, AND POLICY

Attention: Reservations
265 Peachtree Center Avenue, Atlanta, GA 30303
(800) 228-9290 OR (404) 521-0000; FAX (404) 586-6247
October 7-9, 2002

IMPORTANT: Hotel reservation cutoff date for this conference is September 13, 2002.
Reservations received after the cutoff will be subject to availability and may be at a significantly higher rate. If the event rate or room type is not available, the nearest available rate or room type will be assigned.

All reservations must be guaranteed by credit card, check, or money order in the amount of one night's room rate and taxes.

Make checks or money orders payable to the Atlanta Marriott Marquis Hotel.

Deposits will be refunded only if cancellation notification is received within 72 hours prior to arrival. Please retain your cancellation number.

Hotel check-in begins at 4:00 pm; check-out is to be completed by 12:00 pm.

Name: _____

Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

☐ Special Needs: _____

Arrival Date/Time: _____ Departure Date/Time: _____

Room Type: ____ Single @ \$93 plus 14% tax ____ Double @ \$93 plus 14%
 ____ Smoking ____ Non-Smoking

Confirm my reservation with:

____ Check/Cashiers Check (enclosed)

____ Credit Cards (we accept only the following cards; check one):

____ MasterCard ____ VISA ____ American Express ____ Diners Club ____ Discover

Name as it appears on Credit Card: _____

Card #: _____ Exp. Date: _____

Signature: _____

The Atlanta Marriott Marquis Hotel is an ADA-certified facility.
MAIL OR FAX THIS FORM TO THE ATLANTA MARRIOTT MARQUIS HOTEL
ATTN: RESERVATIONS
265 PEACHTREE CENTER AVENUE, ATLANTA, GA 30303
FAX: (404) 586-6247